

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011374

1. Entity Name

TKL LAND DEVELOPMENT INCORPORATED

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90055 019 ***150.00

Principal Place of Business

Mailing Address

8902 N DALE MABRY HWY
STE 214
TAMPA FL 33614
US

8902 N DALE MABRY
STE 214
TAMPA FL 33614-1596
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3154299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NORD, KIM K~~ *LORRIE NORD EILERS*
~~14405 ORILLA DEL RIO PLACE~~ *2544 LAKE EILERS DRIVE*
~~TEMPLE TERRACE FL 33617~~ *TAMPA, FL 33618*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	NORD, LORRIE L	
STREET ADDRESS	2609 CARROLL LAKE ST. 2544 LAKE EILERS DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NORD, TERRI J	
STREET ADDRESS	4014 W. WATERS AVE. APT. 1201 8902 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NORD, JOHN	
STREET ADDRESS	10000 N. DALE MABRY HIGHWAY - SUITE 111 214	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NORD, KIM K	
STREET ADDRESS	10000 N. DALE MABRY HIGHWAY, SUITE 111	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00

Date

813-932-4400

Daytime Phone #

CR2E034 (9/99)